

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # **PO1 0000 92286**

1. Entity Name
CASTROS AIRPORT SHUTTLE & LIMOUSINE SERVICES, INC.

Principal Place of Business
4576 N.W. 41ST PLACE
FORT LAUDERDALE, FL
33319

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number
65-1143961

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BARBARA FOUST, CPA
3401 N.W. 202ND STREET
MIAMI, FLORIDA 33056-1722

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME WILNER CASTELIN
STREET ADDRESS 4576 N.W. 41ST PLACE
CITY - ST - ZIP FORT LAUDERDALE, FLORIDA 33319

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

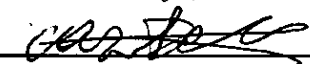
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  WILNER CASTELIN 4/2/2002 954-254-9746

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)

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